

Complete Healthcare Compliance Manual

Resource: Contract Approval Checklist

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Email to: _____

Reminder: Checklist must be completed in its entirety for prompt processing; standard review is within 30 days

CONTRACT OWNER NAME		VENDOR NAME	
DEPARTMENT AND COST CENTER		CONTRACT TYPE	
Dept:	CC:	_____ Service _____ Product _____ Consultant (SOW only)	
REQUEST LEVEL		VERSION	
_____ Regular		_____ New _____ Renewal	
_____ Urgent – Rationale:		_____ Amendment _____ Checklist Resubmission	
		Contract Reference #: _____ (if new, N/A)	
CONTRACT AMOUNT ^[1]		DATES	
\$ _____ /year	\$ _____ total	BEGIN	END
		_____ / _____ / _____	_____ / _____ / _____

LEGAL REVIEW REQUESTED ^[2]	_____ Begin on date of execution
_____ No _____ Yes – Rationale:	_____ One-time purchase (no dates)
	Term _____ 1 year _____ Other: _____
	Auto Renew: _____ Yes _____ No
CONTRACT DESCRIPTION & NOTES ^[3]	CONTRACTING PARTY
	_____ OHMC _____ OMC _____ OSC _____ EHN

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